



# ANALYSIS PLAN

Please fax completed form to Alan Camardo at the UCSF Coordinating Center (fax 415/597-9213)

Name of first author: \_\_\_\_\_

Heath ABC investigator: \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

(If proposer is outside of Health ABC)

Fax number: ( ) \_\_\_\_\_

Date of request: / /  
Month Day Year

E-mail address: \_\_\_\_\_

Site:  Memphis  Pittsburgh  UCSF Coordinating Ctr.   
 Project Office  Reading Ctr.  Other

1 Working title of plan:  
\_\_\_\_\_  
\_\_\_\_\_

2 Please attach a brief summary of your analysis plan that includes the following:

- a)  Research question and/or hypothesis
- b)  Brief background and rationale for addressing the research question/hypothesis in Health ABC
- c)  Variables to be used in main analysis (the main predictor and outcome variables must be identified)
- d)  1 to 3 mock tables
- e)  Timeline for completion & submission of manuscript

3 Do you plan to submit any abstracts based on this analysis?  Yes  No

When is the abstract due? / /  
Month Day Year

4 Where will analysis be done?  
 Memphis  Pittsburgh  UCSF Coordinating Ctr.  Project Office  Reading Ctr.  Other

5 Other investigators who you know will be working on this analysis:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For UCSF Coordinating Center Use:

Analysis plan reference #: \_\_\_\_\_  
Date packet complete: / /  
Month Day Year

Date sent to Publications Committee for review: / /  
Month Day Year

Date comments sent to proposer: / /  
Month Day Year

Publications Committee approval date: / /  
Month Day Year

Executive Committee approval date:  
(if necessary) / /  
Month Day Year

Comments: \_\_\_\_\_  
\_\_\_\_\_

Expedited review of abstract?

Yes  No

Title of abstract:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_